

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10706568**

FILING DATE **111203**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		1				
5	1					
6		1				
7		1				
8		2				
9		2				
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TOTAL IND.	4					
TOTAL DEP.	10					
TOTAL	14					

	IND	DEP	IND	DEP	IND	DEP
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